

**MOTION FOR REVIEW OF ORDER FOR MANDATORY OUTPATIENT TREATMENT**

Commonwealth of Virginia VA. CODE §§ 16.1-345.3, 16.1-345.4

Case No. ....

Juvenile and Domestic Relations District Court

CITY/COUNTY

In re .....

NAME OF JUVENILE

ADDRESS

(.....)

TELEPHONE NUMBER

Current location of juvenile, if different:

NAME AND ADDRESS OF FACILITY

CITY

STATE

ZIP CODE

(.....)

TELEPHONE NUMBER

NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN

NAME AND ADDRESS OF PARENT/GUARDIAN/LEGAL CUSTODIAN

Petitioner .....

NAME AND ADDRESS OF PETITIONING AGENCY

CITY

STATE

ZIP CODE

(.....)

TELEPHONE NUMBER

Original petitioner for involuntary treatment of juvenile, if different:

NAME AND ADDRESS

CITY

STATE

ZIP CODE

(.....)

TELEPHONE NUMBER

This motion for a hearing pursuant to Virginia Code § 16.1-345.4 to review a mandatory outpatient treatment ordered entered on ....., of which the juvenile is the subject and a copy of which is attached and incorporated, is filed in accordance with the provisions of Virginia Code

DATE

§ 16.1-345.2 by the community services board responsible for developing the comprehensive mandatory treatment plan within 5 days of the entry of the order, because the services necessary for the treatment of the juvenile's mental illness

are not available. Specify unavailable service(s):

cannot be provided to the juvenile in accordance with the order. Specify reason(s):

Additional sheet(s) attached and incorporated by reference.

Accordingly, the petitioner requests that the court schedule a hearing pursuant to § 16.1-345.4 and provide notice to the juvenile who is the subject of the mandatory outpatient treatment order, the juvenile's parents, the juvenile's attorney, and this petitioning community services board, which is responsible for developing the comprehensive mandatory outpatient treatment plan.

§ 16.1-345.3(D) by the community services board responsible for monitoring the juvenile's compliance with the comprehensive mandatory outpatient treatment plan, such board having determined that the juvenile has complied with the mandatory outpatient treatment order and that continued mandatory outpatient treatment is no longer necessary.

Accordingly, the petitioner requests that the court schedule a hearing to be held pursuant to § 16.1-345.4, appoint an attorney to represent the juvenile if the juvenile is not represented by counsel, appoint a guardian ad litem for the juvenile, and provide notice of the hearing pursuant to § 16.1-345.4(A).

In accordance with the provisions of § 16.1-345.4(A), the names and addresses of all treatment providers listed in the comprehensive mandatory outpatient treatment order are provided to the clerk on an attached sheet.

§ 16.1-345.3(B) by the community services board responsible for monitoring the juvenile's compliance with the comprehensive mandatory outpatient treatment plan, such board having determined that the juvenile materially failed to comply with the mandatory outpatient treatment order. Describe noncompliance:

.....  
 Additional sheet(s) attached and incorporated by reference.

This monitoring community services board files its motion  
 within 3 days of making its determination of the juvenile's noncompliance.  
 within 24 hours of the juvenile's detention under a temporary detention order.

Accordingly, the petitioner requests that this court schedule a hearing to be held pursuant to § 16.1-345.4, appoint an attorney to represent the juvenile if the juvenile is not represented by counsel, appoint a guardian ad litem for the juvenile, and provide notice of the hearing pursuant to § 16.1-345.4(A).

In accordance with the provisions of § 16.1-345.4(A), the names and addresses of all treatment providers listed in the comprehensive mandatory outpatient treatment order are provided to the clerk on an attached sheet.

Appointment of an evaluator in accordance with § 16.1-345.4(B) to perform an examination of the juvenile subject to the comprehensive mandatory outpatient treatment plan and to include all applicable requirements of § 16.1-342 is requested by  the petitioning community services board  .....

NAME OF PERSON OR AGENCY REQUESTING EVALUATION

.....  
ADDRESS CITY/COUNTY STATE ZIP CODE (.....) TELEPHONE NUMBER

Evaluator: .....

NAME AND ADDRESS OF EVALUATOR

.....  
CITY STATE ZIP CODE (.....) TELEPHONE NUMBER

The following disposition is recommended by the petitioner:

Involuntary admission to .....  
NAME OF FACILITY  
for a period of treatment not to exceed 30 days from the date of this order.

Renewal of the mandatory outpatient treatment plan:  
 without modification. OR  
 with substantive modifications to the mandatory outpatient treatment plan as set forth in the attached revised plan.  
OR  
 with the following modifications

.....  
 Additional sheet(s) attached and incorporated by reference.

Rescission of the mandatory outpatient treatment order.

.....  
DATE

.....  
PETITIONER